

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.




READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4/26</u>	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Kurt E Dierkes P.O. Box, Bldg., Room No., if any Street 2121 Longview Drive City Arnold State Missouri ZIP Code + 4 63010	4. Name, file number, and address of labor organization. Name Cement Masons Union Local #527 Labor Organization File Number 011-759 P.O. Box, Building and Room Number, if any Street 3341 Hollenberg Drive City Bridgeton State Missouri ZIP Code + 4 63044
5. Position in labor organization. Financial Secretary	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name N / A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. N / A 7.b. Amount. \$0

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u></u>	On <u>3/14/06</u>	314-739-1129
	Date	Telephone Number

Name of Person Filing Kurt Dierkes	File Number U-
------------------------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name N / A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name N / A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. N / A 11.b. Approximate dollar value of such dealing. \$0 12.a. Nature of interest held or income received. N / A 12.b. Amount. \$0

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Group Health Plan Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 400 Street 111 Corporate Office Drive City Earth City State Missouri ZIP Code + 4 63045	14.a. Nature of payment. 4/8/2005 2 Party Room St.Louis Cardinal Baseball Tickets and Food
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. \$302

Name of Person Filing Kurt Dierkes

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name The Commerce Trust Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 8000 Forsyth Boulevard

City St. Louis

State Missouri

ZIP Code + 4 63105

14.a. Nature of payment.

4/20/2005

2 Club Room St. Louis Cardinal Baseball Tickets,
Food and Plaque13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$257

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Group Health Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 400

Street 111 Corporate Office Drive

City Earth City

State Missouri

ZIP Code + 4 63045

14.a. Nature of payment.

5/19/2005

Golf - Greens Fees and Food

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$85

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name The Commerce Trust Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 8000 Forsyth Boulevard

City St. Louis

State Missouri

ZIP Code + 4 63105

14.a. Nature of payment.

10/9/2005

6 St. Louis Rams Football Tickets

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$340

Name of Person Filing Kurt Dierkes	File Number U-
------------------------------------	----------------

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name The Commerce Trust Company Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 8000 Forsyth Boulevard City St. Louis State Missouri ZIP Code + 4 63105	14.a. Nature of payment. 11/6/2005 4 St. Louis Blues Hockey Tickets
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div align="right">\$288</div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.